FERPA Authorization for Release of Information

The Family Education Rights and Privacy Act (FERPA) is a Federal law that protects the privacy of student education records, both financial and academic. For the student's protection, FERPA limits release of student record information without the student's explicit written consent.

If you want to authorize Northeastern Illinois University to give out information to the below named person(s), please complete this form. After completing the form below, please submit to registrar@neiu.edu or return to:

Enrollment Management (D101)
Northeastern Illinois University
5500 N St. Louis Avenue
Chicago, IL 60625

I, _____ understand that any and all personally identifiable information concerning my financial and academic records is protected under FERPA. I further understand that I may waive that protection and give access of my records to individuals of my choice.

This release allows the below named individual(s) to access any and all financial and academic information from records maintained only by Academic Affairs and Enrollment Management. The below named individual(s) may not transact business on behalf of the student. The below named individuals must provide a unique passcode prior to the release of any financial and academic information.

I agree to waive my rights under FERPA and allow the below named (person)s to receive access to any and all of my financial and academic records. This consent further allows Northeastern Illinois University officials to discuss my financial and academic records with the individuals listed below.

Name (First, Middle Initial, Last)	**Relationship to Student**	**Passcode**

I acknowledge that this release is valid until I have completed my current degree program at Northeastern Illinois University or until I have revoked this release in writing. By signing this release, I authorize Northeastern Illinois University officials in Academic Affairs and Enrollment Management to release and discuss any and all financial and academic information to the person(s) listed above. I understand that I can revoke this release at any time by notifying Northeastern Illinois University in writing at the location listed above.

_____ _____
Student Name (Please Print) **NEIU ID Number**

_____ _____
Student Signature **Date**